

NOV 27 1935

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

34815

## 1. PLACE OF DEATH

County *St. Louis*Registration District No. *1170*Township *Central*Primary Registration District No. *6248H*City *Richmond Hts.* (No. *new St. Marys Hosp.*)

File No. ....

Registered No. *220*

St. .... Ward)

2. FULL NAME *Mildred Mopetker*(a) Residence, No. *7727 Water* St., .... Ward. *St. Louis Missouri*  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da.

How long in U. S., if of foreign birth? yrs. mos. da.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

*Female*

4. COLOR OR RACE

*White*5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)*Married*5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OF*Charles*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec 26 1909*

7. AGE

YEARS  
*25*MONTHS  
*10*DAYS  
*2*If LESS than 1  
day, ..... hrs.  
or ..... min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.*at home*9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.10. Date deceased last worked at  
this occupation (month and  
year) .....11. Total time (years)  
spent in this  
occupation .....12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)*St. Louis mo.*

13. NAME

*Otto Dueste*14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)*St Louis mo*

15. MAIDEN NAME

*Amanda Payne*16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)*St Louis mo*17. INFORMANT  
(ADDRESS)*Charles Paetker  
7727 Water st.*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Sunset Burial Pl.* DATE *Nov. 1 1935*19. UNDERTAKER  
(ADDRESS)*C. Hoffmeister W & L Co.  
6781 S. 13th St.*

20. FILED

*10/30 1935* *Electrude Vortel*  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct. 28. 1935*

22. I HEREBY CERTIFY, That I attended deceased from

1935 to *Oct 28 1935*I last saw h. *or* alive on *Oct 28 1935* Death is said

to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

*Brown Tumor (R)  
frontal - Glioma*

Other contributory causes of importance:

*Medullary Cerebellum -  
Osteomyelitis*Name of operation *Autopsy* Date of *10/20/35*What test confirmed diagnosis? ..... Was there an autopsy? *Yes*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) *W. H. Taylor*(Address) *St. Louis, Mo.*

M. D.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

W. Jones, Agency

1-3 P.M.

Univ Club Bldg Pittsboro

to Jeff 9962